



**TEACHER AND ADMINISTRATOR
EXCHANGE PROGRAM**

APPLICATION SECTION

2007-2008

Application Checklist

Please complete this checklist and enclose it with your application package. Please do not staple any of your application pages (paper clips may be used). Mail all application materials to:

Embassy of the United States
Public Affairs Section
Itäinen Puistotie 14
00140 Helsinki

The application deadline is **November 17, 2006**

1. Does your package include:
 - a. 1 Fulbright Foreign Scholarship Board form? ☐ Yes ☐ No
 - b. 1 original and 1 copy of the application? ☐ Yes ☐ No
 - c. 1 original and 1 copy of the essay? ☐ Yes ☐ No
 - d. 1 "Administrative Approval for Applicant" form?* ☐ Yes ☐ No
 - e. 1 "Immediate Supervisor Reference for Applicant" form?* ☐ Yes ☐ No
 - f. 2 additional references?* ☐ Yes ☐ No

[Please do not send resumes, audio or video tapes.]

2. Are any of the above documents being sent under separate cover? ☐ Yes ☐ No
If so, which ones?
3. Is your Administrative Approval completed by the school official authorized to grant the required salary and leave arrangements? ☐ Yes ☐ No
4. Make sure you are eligible for the position you listed in Section II of your application:
 - a. Are you fluent in English? ☐ Yes ☐ No
 - b. Are you currently employed at the specified teaching level? ☐ Yes ☐ No
 - c. Are you currently employed in the specified subject field? ☐ Yes ☐ No

*All reference forms submitted must include original signatures. The reference forms may be included with your application package or mailed under separate cover. References mailed under separate cover should be submitted by the November 17 deadline.

Note: Public reporting burden for this collection of information is estimated to average two (2) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is being collected to evaluate a candidate's eligibility and suitability to be matched with a foreign counterpart for the Fulbright Teacher Exchange Program. Responses are voluntary; however, insufficient applicant data could disable successful matching. A federal agency may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number. Send documents regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to A/RPS/DIR, U.S. Dept. of State, Washington, DC 20520.



J. William Fulbright Foreign Scholarship Board
Fulbright Teacher and Administrator Exchange Candidate
2007-2008

A. Name: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			Last	First	Middle Initial
B. Finnish Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No				C. Home Telephone (area code, number):	
If no, state country of citizenship:				Country of residence:	
D. Complete Home Mailing Address (include number, street, zip code, city):					
E. Date of Birth (month/day/year):			F. Indicate year of any previous Fulbright grants (if none, write 'none'):		
Place of Birth (city, country):					
G. Current Occupation:		Name and address of employer		Job Title	Employed Since (mm/yy)
H. Current Subject(s) and level(s):					
I. Country Choice: USA					
J. Education:					
Name of institution, university, or professional school and location		Major field of study		Name of degree and date received	
K. Name your most significant publications/honors/awards/projects or other accomplishments:					
L. Provide a synopsis in approximately 50 words of your personal/professional goals as related to this exchange program. This explanation of your goals will be reviewed by the Fulbright Scholarship Board. (Please use only this space. Additional pages will not be accepted):					
FOR FSB USE ONLY: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> Abstain					
FSB NAME		SIGNATURE		DATE	

III. MODERN FOREIGN LANGUAGE FLUENCY

Language	Understanding			Speaking			Reading			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

IV. EDUCATION AND PROFESSIONAL PREPARATION ABOVE SECONDARY SCHOOL (List degrees in chronological order)

Institution, Location	Dates Attended		Degrees Received		Major Subjects
	From	To	Kind	Date	

V. PRESENT EMPLOYMENT

A. Present Position Title:	In Present Position From (date):
B. Name and Address of School (include number, street, zip code, city):	Telephone (area code, number):
	Fax (area code, number):
C. School Principal's or Educational Institution Director's Name (include Dr., Mr., Mrs., Ms., or Miss):	
School Principal's or Educational Institution Director's Job Title:	Telephone (area code, number):
D. Immediate Supervisor's Name (include Dr., Mr., Mrs., Ms., or Miss):	
Immediate Supervisor's Job Title:	Telephone (area code, number):
E. Approving Administrative Official's Name (include Dr., Mr., Mrs., Ms., or Miss): Note: Must be the official authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements, e.g., President, Headmaster, Superintendent or District Official. See "Administrative Approval for Applicant" form.	
Approving Administrative Official's Job Title:	Telephone (area code, number):
Name and Address of Approving Administrative Official's Institution (include number, street, zip code, city):	

VI. DAILY SCHEDULE FOR CURRENT YEAR (Administrator Exchange applicants describe duties on separate sheet.)					
A. Subjects: Be specific and provide details (e.g., World History: European emphasis). Special Education teachers are requested to include details about student needs and teaching approaches.		Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
			Grade	Age	
B. Additional Activities: Describe workload other than a teaching position (e.g., counseling, supervision, curriculum development, extra-curricular activities).		Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
			Grade	Age	
C. What is the best time to call you at school?					
D. Have you been absent more than six days per year in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
VII. PREVIOUS EXPERIENCE / EMPLOYMENT					
A. List any full-time teaching/administrative experience, beginning with the most recent:					
Dates		Position Title	Name and Location	Full Time Teaching Position	
From	To			Grade	Subject
B. List any experiences you have had studying, working or traveling abroad:					
Dates		Country	Purpose of Visit		
From	To				
C. List memberships in educational, professional, and civic associations:					
D. List awards and publications:					

VIII. OTHER EXPERIENCE

A. List extracurricular activities you can direct or sponsor (e.g., sports, arts, dramatics, music, etc.):

B. List educational experiences you have had which would be especially helpful to you in working abroad (e.g., working with bilingual students, student exchange programs, etc.):

C. List experiences you have had in teaching English to non-native speakers:

IX. U.S. GOVERNMENT EDUCATIONAL EXCHANGE GRANTS

A. Have you ever received a U.S. Government educational exchange grant? ☐ Yes ☐ No
If yes, please indicate the year, type of grant and sponsoring agency:

B. If you did not accept or complete the grant, explain briefly:

FORM APPROVED BY OMB NO. 1405-0114
EXP. Date: 09-30-05/Estimated Burden: 2 hrs.

XIII. REMARKS (Additional space for answers: Use this space to provide additional information on any item. Write the number and letter of the item to which each answer applies. If you need more space, attach additional sheets.)

Terms of Agreement If Selected

1. I agree to observe and obey the laws of Finland and the United States of America during my exchange.
2. For teacher exchange applicants: When requested, I will have a complete physical examination and will submit a physician's "Report of Medical Examination." I will also submit a "Statement of Health for Dependents" form from a physician for all who accompany me. All medical examinations will be at my expense. In addition, I guarantee that I and anyone accompanying me will have comprehensive medical insurance sufficient to cover any major medical contingency which may occur while abroad.

For administrative exchange applicants: When requested, I will submit from a physician's "Report of Medical Examination." I understand that a medical examination report, completed at my expense, may be required.

3. I will attend all orientation activities in the United States and in Finland.
4. If selected for a teaching assignment in the United States, I will complete my assignment, remaining, if necessary, beyond the usual closing date in Finland. I will return to my teaching post in Finland for the year following my exchange year.

If selected for an administrative assignment, I will complete it, participate in all activities, and complete all required assignments. I will not be accompanied by dependents, relatives, or friends until the termination of the administrative assignment.

5. I will accept no employment other than my position as an exchange teacher during my stay in the United States, unless approved in writing by the administering foundation, commission, or embassy.
6. I am aware that, should the exchange be terminated as a result of my inability to fulfill the obligations, I may be asked to reimburse funds expended on my exchange.
7. I am aware that no one or more of the following will be liable for any claim or claims resulting from either exchange partners' failure to enter upon or to complete the program outlined in the grant: the FSB, the United States Department of State, the cooperating agency, and the commission or post.

I certify that I have read and understand the "Terms of Agreement" and that the information provided in this application is, to the best of my knowledge, true and correct. I am aware that a false statement may be grounds for non-selection or termination of my exchange. I further certify that I have notified U.S. Embassy Helsinki of any misdemeanor (except minor traffic violation) or felony convictions or pending indictments. My signature confirms that I will abide by the "Terms of Agreement" if selected for program participation.

SIGNATURE OF APPLICANT: _____ DATE: _____

How did you first hear about the Fulbright Teacher Exchange Program?

- | | |
|---|---|
| ___ from a colleague at my school or college | ___ through a professional journal or other publication |
| ___ from a school or college administrator | ___ at my local library |
| ___ from a former participant of this program | ___ through a mailing from the Fulbright program |
| ___ from a friend | ___ Other (please specify) |
| ___ at a conference | _____ |



TEACHER AND ADMINISTRATOR EXCHANGE PROGRAM

REFERENCES

2007-2008



Administrative Approval for Applicant

ID#: 06

1. Name of Applicant (last, first, middle):

2. INSTRUCTIONS FOR APPROVING ADMINISTRATOR: Please complete the following sections and sign this form to certify your approval or disapproval of the applicant's pursuit of an exchange through the Fulbright Teacher and Administrator Exchange Program. Indicate the type of leave to be granted and whether or not your teacher/administrator has undergone a criminal background check (you may check more than one box). (Please see the next page of this form.)

A. APPROVAL

The above applicant is employed full-time by our college, school or school system. The applicant has, in my judgment, superior qualifications and will be an excellent representative of Finnish education abroad. If we and all other necessary parties agree to a proposed assignment, the following leave(s) of absence will be approved and the applicant will be released under the conditions checked below in order to accept a position under the Fulbright Teacher and Administrator Exchange Program.

☐ With salary ☐ Without salary

☐ Yes☐ No

According to institutional/district procedures, we conducted a criminal background check of the applicant at the time of his/her employment.

B. DISAPPROVAL

☐ The above teacher/administrator is employed by our school or school system and will not be granted a leave of absence.

C. OFFICIAL SIGNATURE

Note: This form must be completed and signed by the official who is authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements for the college, school or school system in which the applicant is employed, e.g., President, Headmaster, Superintendent or District Official.

Name and Job Title of Chief Administrator or Authorized Official (President, Headmaster, Superintendent or District Official):

Name and Address of School or School System (include number, street, zip code and city):

Signature of Chief Administrator or Authorized Official (President, Headmaster, Superintendent or District Official):

Name:

Date:

This form is subject to release, on written request, to the applicant. (Privacy Act of 1974, Freedom of Information Act.)

About The Fulbright Teacher and Administrator Exchange Program

The purpose of the Fulbright Teacher and Administrator Exchange Program is to help promote mutual understanding between the people of the United States and the people of other countries through educational exchange. Teachers and administrators participating in the program have the opportunity to live and work abroad by exchanging or shadowing positions with educators from similar institutions.

Fulbright Exchange Teachers usually exchange positions with foreign teachers for an academic year. By living and working in the cultures of their host countries, they gain an understanding and appreciation of the similarities and the differences between nations. If your teacher is proposed for an exchange, you will have the opportunity to review the credentials of the foreign teacher and to accept or reject the proposed exchange arrangement. In order for an exchange to take place it must be accepted by the Finnish teacher, the Finnish administrators, the U.S. teacher, and the U.S. administrators, and must be approved by the J. William Fulbright Foreign Scholarship Board (FSB). **At the time of this application your signature on the administrative approval form simply enables your teacher/administrator to be eligible for the program and indicates your willingness to consider a Fulbright Teacher and Administrator Exchange at your school/educational institution.**

The success of the Fulbright Teacher and Administrator Exchange Program in increasing international understanding and properly representing the educational system and other aspects of Finnish life and culture depends greatly upon the exercise of judgment by school administrators in approving their teachers'/administrators' participation in the program. It is important to the reputation of the program and the Finnish educational system, as well as that of the participating school, that an applicant be approved for participation only if the approving official has no reservations about his or her character, reliability and adaptability, and judges him or her to have superior qualifications and to be an excellent representative of Finnish education.

Most exchanges occur with both Finnish teachers and U.S. teachers receiving their regular salaries from their home schools while teaching and living abroad, though specific arrangements vary for each country. Finnish schools will not be asked to pay the salaries of the U.S. exchange teachers. Housing arrangements are the responsibility of the teachers involved.

Both the U.S. and the Finnish teacher will be provided with a limited medical insurance policy by the U.S. government. However, your teacher should continue his or her current coverage from your school, and we encourage you to consider including your foreign teacher and any accompanying family members in your local group health plan.

Please return this form to:

Embassy of the United States
Public Affairs Section
Itäinen Puistotie 14
00140 Helsinki
Tel (09) 6162-5559 Fax (09) 6162-5110

Immediate Supervisor Reference for Applicant

IMPORTANT: The success of this program depends on the selection of educators whose qualifications give promise of outstanding success under unusual circumstances abroad. Please see Fulbright Teacher Exchange Program description on the next page of the form.

ID #: 06

1. Name of Applicant (last, first, middle):				
2. Check the Applicant's professional qualifications and personal traits:				
Item	Superior	Above Average	Average	Below Average
PROFESSIONAL QUALIFICATIONS				
Knowledge of the subject field				
Effectiveness with students of diverse levels of preparation				
Ability to work with colleagues, including those with divergent views				
Adherence to established administrative policies and procedures				
PERSONAL TRAITS				
Adaptability				
Resourcefulness				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use additional page if necessary.				
4. Number of years you have known applicant:		5. Is the applicant a full-time teacher/administrator?		
6. Please provide a general description of your teacher's school/educational institution. Comment on how you feel the school, institution, or district will benefit from participating in the Fulbright Teacher and Administrator Exchange Program. Use additional page if necessary.				
7. Can the Finnish teacher's course load be altered for the U.S. teacher?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Please describe any special consideration that could be given to the incoming exchange teacher, (e.g., orientation, reduced teaching load, extra preparation periods, special assignments teaching about home country culture, special support staff to assist exchange teacher with instructional or related duties, other). Please continue on the reverse of this page, or use additional sheets.				
9. Name and Job Title (include Dr., Mr., Mrs., Ms., Miss):				
10. Name and Address of School (include number, street, zip code and city):				
11. Signature:		12. Date:		

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Additional Space for Items 3, 6 and 8:

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Effectiveness with students of diverse levels of preparation				
Ability to work with colleagues, including those with divergent views				
Adherence to established administrative policies and procedures				
PERSONAL TRAITS				
Adaptability				
Resourcefulness				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use back of page if necessary.				
4. Professional relationship to the applicant:			5. Number of years you have known the applicant:	
6. Name and Job Title (include Dr., Mr., Mrs., Ms., Miss):				
7. Professional Address (include institution, number, street, city, state and zip code):				
8. Signature:			9. Date:	

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7. Professional Address (include institution, number, street, zip code and city):				
8. Signature:			9. Date:	

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Fulbright Teacher and Administrator Exchange 2006-2007 Program Information Questionnaire

Please complete and return this form regardless of whether or not you decide to apply for the program. Completing this questionnaire is voluntary. This form should be mailed separately from the application.

1. Your city _____
2. Your teaching subject and level _____
3. How did you find out about the Fulbright Teacher and Administrator Exchange Program? (Please indicate the approximate date.)
 - _____ Professional Journal or Magazine (name) _____
 - _____ Conference _____
 - _____ A Publication or Letter distributed by the Fulbright Teacher and Administrator Exchange Program (please specify) _____
 - _____ A former Fulbright Participant (name) _____
 - _____ A Foreign Teacher presently on exchange in your school or community (name of teacher and school) _____
 - _____ I am a former applicant to the Fulbright Teacher Exchange Program (year) _____
 - _____ School or College Administrator _____
 - _____ School Newsletter (name) _____
 - _____ Newspaper Article (name) _____
 - _____ Other _____
4. When did you request the application (please give an approximate date)? _____
5. When did you receive the application (please give an approximate date)? _____
6. Have you decided to apply for the program this year? _____
If not, why not? _____
7. Do you have any further suggestions for future recruitment and advertising techniques? Please specify: _____

**Agencies Administering Fulbright Programs in the U.S.
in Cooperation with the United States Department of State and
the J. William Fulbright Foreign Scholarship Board**

U.S. Student Program
Foreign Student Program (General information only)

Institute of International Education (IIE)
809 United Nations Plaza
New York, N.Y. 10017
(212) 984-5330
www.iie.org

Foreign students from the Middle East and North Africa

America-Mideast Educational and Training Services Inc.
(AMIDEAST)
1730 M Street, NW, Suite 1100
Washington, DC 20036
(202) 776-9600
www.amideast.org

U.S. Scholar Program
Visiting Scholar Program
Scholar-in-Residence Program
Senior Specialist Program
New Century Scholars Program

Council for International Exchange of Scholars (CIES)
3007 Tilden Street, NW, Suite 5L
Washington, DC 20008-3009
(202) 686-4000
www.cies.org

Junior Faculty from Central and Latin America

LASPAU: Academic and Professional Program for the Americas
25 Mount Auburn Street
Cambridge, MA 012138-6095
(617) 495-5255
www.laspau.harvard.edu

Teacher Exchange Program

Graduate School, USDA
600 Maryland Avenue, SW, Suite 320
Washington, D.C. 20024-2520
(202) 314-3520
fulbright@grad.usda.gov
www.fulbrightexchanges.org

Educational Partnership Program
Hubert H. Humphrey Fellowship Program

United States Department of State
Humphrey Fellowships & Institutional Linkages Branch
301 Fourth Street, SW, Room 349, SA-44
Washington, D.C. 20547
(202) 619-5289
<http://exchanges.state.gov/education/hhh>

Study of the United States Program

United States Department of State
Study of United States Branch
301 Fourth Street, SW, Room 252, SA-44
Washington, D.C. 20547
(202) 619-4557
<http://exchanges.state.gov/education/amstudy>

Fulbright Programs focusing on foreign language and area studies

United States Department of Education
International Education and Graduate Programs
1990 K Street, NW, 6th Floor
Washington, D.C. 20006-8521
(202) 502-7700
www.ed.gov/offices/OPE/HEP/iegps